

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 90115	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 08/18/2021
NAME OF PROVIDER OR SUPPLIER BAYSIDE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 7 LAUREL AVENUE KEANSBURG, NJ 07734		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments Initial Comments: TYPE OF SURVEY: Complaint COMPLAINT #: NJ 00132614, NJ 00133108, NJ 00134476, NJ 00134320 CENSUS: 120 SAMPLE SIZE: 5 The facility is not in substantial compliance with all of the standards in the New Jersey Administrative Code 8:36, Standards for Licensure of Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs. The facility must submit a plan of correction, including a completion date for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with provisions of New Jersey Administrative Code Title 8, Chapter 43E, Enforcement of Licensure Regulations.	A 000			
A 355	8:36-4.1(a)(1) Resident Rights comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights: (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, 1. The right to receive personalized services and care in accordance with the resident's individualized general service and/or health service plan;	A 355			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/13/21

New Jersey Department of Health

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A 355	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Complaint #: NJ 00132614</p> <p>Based on interview and review of medical records it was determined that the facility failed to provide care and services in accordance with the resident's General Service Plan (GSP) for 1 of 5 residents, Resident [REDACTED] reviewed for incidents of injury as evidenced by the following:</p> <p>On 8/17/21 at 10:15 a.m., the surveyor reviewed Resident [REDACTED] closed medical record which identified that the resident was admitted to the facility on Executive Order 26, 4.b. [REDACTED]</p> <p>[REDACTED] According to the "Resident Assessment" dated Executive Order 26, 4.b. [REDACTED] completed by a Registered Nurse (RN), the resident was Executive Order 26, 4.b. [REDACTED]. In addition, the RN documented that the resident required Executive Order 26, 4.b. [REDACTED]</p> <p>Further investigation of the closed medical record revealed "RN Progress Notes," (PN) dated Executive Order 26, 4.b. [REDACTED] which identified that during a Executive Order 26, 4.b. [REDACTED] with the assistance of one Home Health Aide (HHA), the resident Executive Order 26, 4.b. [REDACTED] during Executive Order 26, 4.b. [REDACTED] the resident and was Executive Order 26, 4.b. [REDACTED]. The RN also documented that the resident complained of Executive Order 26, 4.b. [REDACTED] and the physician and Responsible Party (RP) were notified. The RN further documented that an x-ray was</p>	A 355		

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A 355	Continued From page 2 obtained on the Executive Order 26, 4.b. which revealed Resident Executive Order 26, 4.b. sustained a Executive Order 26, 4.b. and Executive Order 26, 4.b. The RN documented that the physician was notified of the x-ray result and ordered the the resident Executive Order 26, 4.b. to the Executive Order 26, 4.b. A review of the resident's GSP dated Executive Order 26, 4.b. revealed that the resident required 2 person assistance with transfer. However, the Executive Order 26, 4.b. Report" dated Executive Order 26, 4.b. and signed by the Director of Nursing (DON) identified that the resident was Executive Order 26, 4.b. with one (1) person assistance rather than the two (2) persons assistance as indicated on the GSP. During interview with the DON regarding the above concern, she confirmed that the resident was transferred by one person instead of 2 persons which resulted to the above incident. The DON explained that the HHA was from another unit and was not familiar with the resident and also that the HHA should have reviewed the GSP prior to providing care to the resident. The facility failed to implement the intervention of a 2 person assist with transfer as indicated on Resident Executive Order 26, 4.b.'s GSP.	A 355		
A 407	8:36-4.1(a)(25) Resident Rights (a) Each assisted living provider will post and distribute a statement of resident rights for all residents of assisted living residences, comprehensive personal care homes, and assisted living programs. Each resident is entitled to the following rights:	A 407		

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A 407	<p>Continued From page 3</p> <p>25. The right to keep and use his or her personal property, unless this would be unsafe, impractical, or an infringement on the rights of other residents. The facility shall take precautions to ensure that the resident's personal possessions are secure from theft, loss, and misplacement;</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, it was determined that the facility failed to consistently ensure that residents' personal possessions were secure from theft, loss and/or misplacement for 1 of 5 residents reviewed, Resident [REDACTED]. This deficient practice was evidenced by the following:</p> <p>1. On 8/18/21 at 10:15 a.m., the surveyor reviewed the closed medical record of Resident [REDACTED] which revealed the resident was admitted to the facility on Executive Order 26, 4.b. [REDACTED]</p> <p>[REDACTED] Resident [REDACTED] was Executive Order 26, 4.b.</p> <p>Further review of Resident [REDACTED] medical record, revealed that on 12/11/20 the Licensed Practical Nurse (LPN) had documented that Resident [REDACTED] family had reported missing jewelry. Furthermore, a missing item report had been completed and sent to all units of the facility. In addition, Resident [REDACTED] room was searched, and the Director of Nursing (DON) and the Executive Director (ED) were notified.</p> <p>The surveyor reviewed Resident [REDACTED] "Inventory</p>	A 407		

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A 407	<p>Continued From page 4</p> <p>of Personal Effects" which identified a list of Resident [REDACTED] jewelry that had been completed by the RN at the time of admission.</p> <p>On 8/18/21 at 11:00 a.m., the DON told the surveyor during interview that when a resident was admitted to the facility, the ED or admitting nurse explained that there were safe boxes that could travel with the resident from unit to unit. Also, if an item was missing, a notification would be sent out to all units and the ED notified.</p> <p>On 8/18/21 at 1:30 p.m., the surveyor interviewed the ED who stated that the Specialty Care Unit did have a place to safely keep valuables however it was not utilized. The ED stated that safes were "useless" in the Specialty Care Unit where Resident [REDACTED] had resided due to residents' Executive Order 26, 4.b..</p> <p>The surveyor asked the ED to explain the procedure regarding securing residents' personal possessions. The ED stated that on admission, families were informed to leave valuables at home. The surveyor asked the ED if the facility had a policy that was given to the families or residents on admission. The ED stated that the facility did not have a policy. However, the facility followed the statement in the resident admission agreement. The surveyor then requested a copy of Resident [REDACTED] admission agreement.</p> <p>On 8/18/21 at 2:15 p.m., the surveyor reviewed Resident [REDACTED] admission agreement which identified under "Terms and Conditions" number " ...3. Facility shall make reasonable efforts to minimize loss of or damage to Resident's personal property and belongings and shall make provisions for safekeeping by Resident of personal items if so requested Nothing</p>	A 407			

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A 407	<p>Continued From page 5</p> <p>contained in this Admission Agreement shall be construed to impose any liability on the facility for replacement of or for reimbursement for lost or damaged personal possessions. It is encouraged by the facility that the resident is admitted without any valuable items"</p> <p>Further review of Resident [REDACTED] admission agreement revealed that there was a signature line under statement number 3 for the resident or responsible party to sign. The surveyor observed that Resident [REDACTED] signature line was blank. In addition, Resident [REDACTED] admission agreement was not signed nor dated by Resident [REDACTED] nor Resident [REDACTED] responsible party.</p> <p>The surveyor asked the ED to explain why Resident [REDACTED] Admission Agreement was not signed or dated, and the ED stated that the Resident's family never returned the copy that was given for review at home.</p> <p>The facility was unable to provide any signed documentation to the surveyor that Resident [REDACTED] or Resident [REDACTED] responsible party was made aware of the facility procedures for safe keeping of valuables.</p>	A 407		

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 90115	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 9/21/2021
NAME OF FACILITY BAYSIDE MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 7 LAUREL AVENUE KEANSBURG, NJ 07734	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix A0355	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # 8:36-4.1(a)(1)	Completed	Reg. #	Completed	Reg. #	Completed
LSC	09/30/2021	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE	
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE	
FOLLOWUP TO SURVEY COMPLETED ON 8/18/2021		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO			



**BAYSIDE
MANOR**

**ASSISTED
LIVING**

Welcome to the family, Make yourself at home

**7 Laurel Ave
Keansburg New Jersey, 07734
Type Of Survey : Complaint
Complaint #: NJ 00132614,**

A 355, 8:36-4.1 (1) Resident Rights Complaint #: NJ 00132614

Facility failed to provide care and services in accordance with the resident's General Service Plan.

#1) Resident [REDACTED] affected by this deficiency no longer at facility.

#2) For all current residents an audit was completed, and a list was compiled of those residents who require two assist transfers. The facility nursing staff was then re-educated by the Director of Nursing, Assistant Director of Nursing and designated professional on the facility policies related to Resident Rights, and General Service Plans. In addition all nursing staff have reviewed, discussed and signed off on all current residents General Service Plans

#3) Moving forward any changes made to a resident's (GSP) shall be communicated to the nursing staff through shift to shift report. If and when nursing staff moves from one unit to the next or a new admission has entered the facility the charge person on the receiving unit shall see that the resident(s) General Service Plan is reviewed by the nursing assistant and that he/she understands the assigned residents plan of care prior to providing care.

#4) The facility DON/ or designee shall monitor its corrective actions by conducting an unexpected observation of any/all residents requiring 2 assist staff assistance with transfers, weekly for 1 month, then monthly thereafter. Any deficiencies will be corrected on the spot, and the findings of the quality-assurance checks will be documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action.

The above deficient plan of correction(s) has been implemented, and corrective action shall be completed as of September 30th, 2021



**BAYSIDE
MANOR**

**ASSISTED
LIVING**

Welcome to the family, Make yourself at home

A 407 8:36-4 (a) (25) Resident Right/ Personal Property

The right to keep and use his or her personal property, unless this would be unsafe, impractical, or an infringement on the rights of other residents. Facility failed to ensure residents personal possessions were secure from theft, loss and or misplacement for 1 of 5 residents received.

#1) Resident [REDACTED] affected by this deficiency is no longer at facility.

#2) For all current residents that have the ability to be affected by this deficiency the facility administrator has revised its policy on personal property, theft and loss risk. A copy of the revised policy shall be given to all current residents,/or their responsible party. The resident / or responsible party has been given the opportunity to store valuables in a locked safe/or location. In addition all employees have been educated on the revised policy.

#3)To ensure that the deficient practice will not recur, all new admission to the facility shall be given a copy of protocol for storing valuables and the opportunity to store items in a locked location. Upon admission each resident or designated party shall receive the opportunity to store all valuable items in a locked location.

#4)The Rn /or designee will view at the time of residents admission and every three months thereafter that an inventory list of personal belongings was completed and the resident/or family has been educated on personal property theft and loss risk. Monthly during resident council meetings resident shall have the opportunity to to discuss any concerns regarding their personal belongings and or storage area.

Any deficiencies will be corrected on the spot, and the findings of the quality-assurance checks will be documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action. The above deficient plan of correction(s) has been implemented, and corrective action shall be completed as of September 30th, 2021